

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

**10/522361**

**1 Date of Request:** \_\_\_\_\_

**2 Serial/Patent #** \_\_\_\_\_

**3 Please refund the following fee(s):**

**4 PAPER  
NUMBER**

**5 DATE  
FILED**

**6 AMOUNT**

Filing

Amendment

Extension of Time

Notice of Appeal/Appeal

Petition

Issue

Cert of Correction/Terminal Disc.

Maintenance

Assignment

Other

**7 TOTAL AMOUNT  
OF REFUND**

\$

**8 TO BE REFUNDED BY:**

Treasury Check

Credit Deposit A/C #:

**10 REASON:**

Overpayment

Duplicate Payment

No Fee Due (Explanation):

9

**11 REFUND REQUESTED BY:**

**TYPED/PRINTED NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**OFFICE:** \_\_\_\_\_

**THIS SPACE RESERVED FOR FINANCE USE ONLY:**

**APPROVED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Adjustment Date: 06/27/2005 PKIDWELL  
02/10/2005 LLAHDGRA 00000068 503145 1052236  
02 FC:1632 500.00 CR

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**